

APPLICATION FOR INDEPENDENT PARCEL DELIVERY SERVICE ADVANCE FUND

Agency Name _____ Agency Number _____

Why is an advance fund necessary?

Location within the agency likely for package service:

Delivery

Pick Up

Anticipated Weekly Charge \$ _____

Total Advance Fund Requested \$ _____

I certify that the advance of the funds above are necessary to expedite payments to an independent parcel delivery service according to I.C.C. regulations. This agency will reconcile the unexpended balance with that shown by the parcel delivery service at least once each month in compliance with P.P.M. No. 10,753.

I certify that the above amount will be held as an advance against which package pick-up and delivery will be charged. We will bill for each pick-up and delivery and will summarize weekly, showing beginning of week balance, current week balance, or prepayment. We promise to refund the full unexpended balance at any time upon request.

Authorized Agency Signature

Official Name and Address of Delivery Service

Approved:

Director of Accounts and Reports

Authorized Rep. of the Parcel Delivery Service